

# **SMALL BUSINESS INCUBATOR APPLICATION PACKAGE**



Business and Community Services Division  
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# **SMALL BUSINESS INCUBATOR APPLICATION PACKAGE**

## **TABLE OF CONTENTS**

POLICY GUIDELINES

SPONSOR APPLICATION

PROJECT NARRATIVE

PERFORMANCE REPORT

BUDGE OF REVENUES AND EXPENDITURES

CONTRIBUTOR APPLICATION

MISSOURI TRANSFER FORM

MISSOURI CERTIFIED INCUBATORS CONTACT INFORMATION LIST

GEOGRAPHICAL DISTRIBUTION FOR MISSOURI CERTIFIED INCUBATORS



## **DIVISION OF BUSINESS AND COMMUNITY SERVICES**

### **SMALL BUSINESS INCUBATOR PROGRAM**

#### **POLICY GUIDELINES**

**THE DEPARTMENT RESERVES THE RIGHT TO UPDATE THESE INSTRUCTIONS  
AS NECESSARY TO BE CONSISTENT WITH THE LAW.**

**ALL INSTRUCTIONS ARE FOR GUIDANCE ONLY AND DO NOT STATE THE  
COMPLETE LAW.**

#### **PURPOSE**

The Missouri Department of Economic Development (DED) has the responsibility to approve or deny proposals for small business incubators. These guidelines shall serve to assist local sponsors and contributing taxpayers in the implementation of the small business incubator program (program). The program operates under the provisions of section 620.495, RSMo, as amended.

### **I. INCUBATOR**

#### **WHAT IS AN INCUBATOR PROGRAM?**

An incubator is a building, which can be divided into smaller units of space to be leased by small businesses. An incubator is also a program without infrastructure in which participants avail themselves of business development services to assist in the growth of their start-up businesses.

In addition to the space, incubators provide business development services for use by the tenants and participants. These services shall include, but are not limited to, financial consulting assistance, management and marketing assistance, business education, and physical services such as personal computers, copier, facsimile, conference rooms, labs, etc. Because of the shared services and efficient use of the available space, costs are usually much less than for a small business operating independently.

The incubator is not intended to be a permanent home for the new firm. After a period determined by the incubator's policy, a tenant will move from the incubator, thereby making room available in the incubator for a new start-up firm. The local sponsor shall explain this feature of an incubator to all tenants before the execution of the initial lease.

#### **WHO MAY APPLY?**

Only local sponsors are eligible to apply for the small business incubator program.

## **LOCAL SPONSOR DEFINED**

Local Sponsor is an organization entering into a written agreement with DED to establish, operate, and administer a small business incubator program or to provide funds to another organization that operates such an incubator program. Local Sponsor includes:

1. Missouri municipalities, counties, special tax districts and regional planning commissions;
2. Missouri universities, community colleges, colleges and area vocational schools; or
3. Not-for-profit corporations.

## **LOCAL SPONSOR MUST DEMONSTRATE**

1. That a program exists that can be transformed into an incubator at a specified cost;
2. The ability to directly provide or arrange for the provision of business development services for tenants and participants of the incubator;
3. A potential for sustained use of the incubator facility by eligible tenants and participants, through a market study or other means; and
4. The ability to manage and operate the incubator program.

## **LOCAL SPONSOR RESPONSIBILITIES ARE TO**

1. Secure title on a facility for the program or a lease of a facility for the program at least for ten (10) years;
2. Manage the physical development of the incubator facility, such as personal computers, copiers, facsimile, conference rooms, labs, etc.;
3. Furnish and equip the program to provide business services to tenants and participants;
4. Market the program and secure eligible tenants and participants;
5. Provide financial consulting, marketing and management assistance services or arrange for the provision of these services for tenants and participants of the incubator, including assistance in accessing private financial markets;
6. Set rental and service fees;
7. Encourage the sharing of ideas between tenants and participants and otherwise aid tenants and participants in an innovative manner while they are within the incubator; and
8. Establish policies and criteria for the acceptance, graduation and termination of occupancy of tenants and participants to maximize the opportunity to succeed for the greatest number of tenants.

## **ELIGIBLE TENANTS AND PARTICIPANTS**

Tenants and participants of the incubator shall be small start-up companies.

## **FUNDS AVAILABLE FOR FINANCING**

The provisions of section 620.495, RSMo, allow for the administration of a loan, loan guarantee, and grant program, as well as a contribution tax credit. The only function that is currently being utilized is the contribution tax credit.

## **HOW TAX CREDITS ARE AWARDED FOR CONTRIBUTIONS MADE**

Certified incubators may receive contributions from taxpayers. The taxpayers in turn may receive tax credits in the amount of 50% of the contributions. An incubator must be approved by DED before receiving contributions from taxpayers. The overall maximum amount of tax credits that can be authorized in any one calendar year is \$500,000.

In order to ensure a fair distribution of the limited authorized tax credits, every certified incubator must complete a “Budget of Revenues and Expenditures” for the coming calendar year and send to DED by January 31<sup>st</sup> of each year. The budget shall include the previous two years’ budgets. Revenues must clearly detail the expected contributions for which tax credits will be awarded. Incubators must also submit the fund raising plan along with promissory letters from contributors.

DED will review the budget and send a letter stating the amount of tax credits reserved for the incubator. The reserved tax credits will be based upon the appropriate use of contributions, overall competition, and prioritization to support new incubators due to start-up costs.

The contributions for which tax credits are issued shall be used only for establishing, operating, and administering a small business incubator program. No tax credits will be issued for contributions used to finance expenses of graduate companies.

Tax credits for the incubators that submit budgets after January 31<sup>st</sup>, or an incubator seeking additional tax credits, will be based upon any remaining cap. No tax credits will be awarded to the incubators that do not submit budgets. Unused cap will expire on December 31<sup>st</sup> of each year.

## **ELIGIBLE PROJECT COSTS**

- ☐ Acquisition of land and existing buildings;
- ☐ Leasing of land and existing buildings;
- ☐ Rehabilitation of buildings or other facilities;
- ☐ Construction of new facilities;
- ☐ Purchase of equipment and furnishings;
- ☐ Business development services included but not limited to business management consulting and business education.

## **REPORTING REQUIREMENTS**

Every certified incubator must complete a “Report on Performance by Missouri Incubators” for the year ending December 31<sup>st</sup> and send to DED by January 31<sup>st</sup> of each year. In addition, every incubator must submit an annual financial report audited by an independent certified public accountant.

## **HOW TO APPLY**

An “Application for a Certified Missouri Incubator Designation” and a “Project Narrative of Application for a Certified Missouri Incubator Designation” shall be completed to demonstrate that all the requirements are met, and sent to DED for review.

A business plan must also be completed and sent to DED and shall include the following topics:

- ☐ Groups of target markets and rationale for such selection.

- ☐ Explanation of the target market needs that relate to the service provided.
- ☐ TOWS analysis that identifies and categorizes threats, opportunities, weaknesses, and strengths.
- ☐ Corresponding strategies developed based upon TOWS analysis.
- ☐ List and description of the services offered including those that are required by statute.
- ☐ Explanation of the break-even table and chart as well as underlying assumptions.
- ☐ Explanation of the sales forecast table and chart. Submit the proposed rental and service fee structure, which will be charged to tenants of the incubator. Separate the sales from rental space, business support services (i.e., secretarial, janitorial, etc.) and technical support services.
- ☐ Explanation and forecast of the expense forecast table and chart. The projections should include:
  - General administration – salaries, benefits, insurance, travel, management, and professional fees; and
  - Building operation – taxes, utilities, maintenance, depreciation, equipment, interest and principal payments (if any), etc.
  - Do not adjust for changes in the price level.
- ☐ Contingency plan.

## **NAICS**

NAICS is North American Industry Classification System. The Federal Office of Management and Budget (OMB) adopted the NAICS as the industry classification system used by the statistical agencies of the United States. NAICS replaces the 1987 Standard Industrial Classification (SIC). The NAICS is used for classifying business establishments to assist with gathering data related to measuring productivity, unit labor costs, and the capital intensity of production, employment and other information. Missouri businesses are assigned a NAICS when the company files a “Report to Determine Liability Status” with the Missouri Department of Labor and Industrial Relations, Division of Employment Security to determine Unemployment Tax Liability. Normally, a general business employer becomes liable for the tax and responsible for providing unemployment insurance for its workers when it:

- ☐ Pays \$1,500 in wages (cash and in-kind) in a calendar quarter, or
- ☐ Has an employee in some portion of a day in each of twenty (20) different weeks, or
- ☐ Becomes liable under the Federal Unemployment Tax Act (FUTA) and employs a worker in Missouri, or
- ☐ Acquires and continues without interruption substantially all the business of a liable employer.

## **QUALIFYING CRITERIA**

DED will review applications for the following criteria:

1. Ability of the local sponsor to carry out the provisions of section 620.495, RSMo;

2. Economic impact of the incubator on the community;
3. Conformance with area-wide and local economic development plans, if such exist; and
4. Location of the incubator, in order to encourage geographic distribution of incubators across the state.

## **II. NOTICE**

The Tax Credit Accountability Act of 2004 (Senate Bill 1099, Sections 135.800 through 135.830, RSMo) makes several changes to the tax credit programs, specifically:

- ☐ Processing tax credit applications;
- ☐ Annual reporting requirements; and
- ☐ Penalty provisions.

### **CHANGES IN PROCESSING OF TAX CREDITS (SECTION 135.815, RSMo, applicable to Incubator and Contributor)**

Prior to authorization of a tax credit, DED will contact the Departments of Revenue and Insurance and verify that the applicant does not owe any delinquent income, sales, use, or insurance taxes, or interest or penalties on such taxes. If a delinquency exists, the amount of tax credits issued will be reduced by the amount of the delinquency. After satisfying all delinquencies, the remaining credits shall be issued.

### **REPORTING REQUIREMENTS (SECTION 135.805, RSMo, applicable to Incubator)**

Certain tax credit recipients are required to annually report information pertaining to the project that received the tax credits to DED. The statute requires that a full year pass after the issuance of the tax credits before SB1099 reporting requirements must be met. The earliest date that SB1099 reporting will be required is June 30, 2006.

The Entrepreneurial Category of tax credits, which includes the small business incubator program, requires recipients to annually report for three (3) years following the date of issuance of the tax credits to the DED the following information:

- ☐ Amount of investment; and
- ☐ Names of the project, fund and research project.

### **PENALTY PROVISIONS (SECTION 135.810, RSMo, applicable to Incubator)**

Failure to meet the annual reporting requirements or fraud in the application process if determined by a court, such person or entity shall be subject to penalties.

If the annual report is ninety (90) days past due, DED shall send notice by registered mail to the last known address of the person or entity who is required to complete the annual report. The notice shall inform the person or entity of the past-due report and the pending penalties and their respective deadlines.

If the annual report is six (6) months past due, the DED shall notify the Department of Revenue that the taxpayer is subject to penalties because of failure to report.

Such penalties include the following:

- ❑ Failure to report for six (6) months but less than one year shall equal a penalty of two percent (2%) of the value of the tax credits issued for each month of the delinquency.
  - **EXAMPLE:** Recipient receives \$10,000 in tax credits. Annual report is due June 30, 2006, however, the recipient does not submit the report until March 30, 2007. The recipient is nine (9) months delinquent and the penalty would equal 2% multiplied by \$10,000 for nine (9) months or \$1800.
- ❑ Failure to report for more than one (1) year shall equal a penalty of ten percent (10%) of the value of the credits issued for each month of the delinquency, not to exceed one hundred percent (100%) of the tax credit value.
  - **EXAMPLE:** Recipient receives \$10,000 in tax credits. Annual report is due June 30, 2006, however, the recipient does not submit the report until March 30, 2008. The recipient is twenty-one (21) months delinquent and the penalty would equal 10% multiplied by \$10,000 for twenty-one (21) months or \$21,000, however, the statute limits the penalty to the amount of the tax credits, therefore, and the penalty would be \$10,000.

The taxpayer shall be liable for any penalties as of December 31 of any tax year and the liability shall be due as of the filing date of the taxpayer's next income tax return.

If the taxpayer is not required to file an income tax return, the taxpayer's liability for penalties shall be due as of April 15<sup>th</sup> of each year.

The Director of the Department of Revenue shall offset any tax credits claimed on a filed tax return against an outstanding penalty before applying such credits to the tax year against which they were originally claimed.

Any nonpayment of liability for penalties shall be subject to the same provisions of law as a liability for unpaid income taxes, including but not limited to, interest and penalty provisions.

Penalties shall remain the obligation of the person or entity obligated to complete the annual report without regard to any transfer of the credits.

### **CLOSED RECORDS (SECTIONS 610.255 and 620.014, RSMo, applicable to Incubator and Contributor)**

Before August 28, 2004 and pursuant to Section 620.014, DED had the authority to close certain records except for the name of the tax credit recipient and the amount of the tax credit. SB 1099 removes this broad exception but DED retains the authority to close records or documents that "relate to financial investments in a business, or sales projections or other business plan information which may endanger the competitiveness of a business" or as also allowed by law.

## **III. CONTRIBUTOR**

### **WHO MAY APPLY?**

Any taxpayer, including non-for-profit corporations, except those that benefit directly from General Revenue such as public universities, may be a contributor. Applications can be submitted to DED year-round, but decisions will be made on a first-come basis based on the annual amount of tax credits allocated to an approved incubator.



## **ISSUANCE OF TAX CREDITS**

Taxpayers contributing to the incubator shall receive a tax credit against a tax otherwise due under the provisions of chapter 143, RSMo (income tax), excluding withholding tax imposed by sections 143.191 to 143.265, RSMo, or chapter 147, RSMo (corporation franchise tax); or chapter 148, RSMo (financial institution tax). The tax credit will be 50% of any amount contributed to the incubator during the taxpayer's tax year. Tax credits will be issued for the year in which the contribution was made.

Any excess tax credits may be carried forward for up to five (5) years. A taxpayer may sell tax credits allowed under section 620.495, RSMo, under the following conditions:

- ☐ For no less than 75% of the par value of such credits; and
- ☐ In an amount not to exceed 100% of the tax credit amount.

The assignee may use the acquired credits to offset up to 100% of the tax liability under the same provisions as the assignor.

## **ELIGIBLE CONTRIBUTIONS:**

1. Cash;
2. Marketable securities (publicly traded stocks, bonds, and mutual funds); and
3. Equipment, furniture, and construction materials used in the incubator.

Tax credits for donated marketable securities will be awarded based upon the following:

1. Net liquidated proceeds of the sale, which are calculated by taking the sale proceeds and reducing that amount by broker's fees, bank charges, etc.
1. The liquidation should take place within fifteen (15) days from the date of receipt. The contribution date is the date the securities are transferred to the approved incubator. Securities received after December 16<sup>th</sup> must be liquidated by December 31<sup>st</sup> to be eligible for those calendar years' tax credits.
3. Contributor application shall be completed after the liquidation has occurred. The application should be signed by the contributor and the incubator and must be mailed to DED along with documentation satisfactory to the department that the transaction has occurred.

Tax credits for donated equipment, furniture, and construction materials will be awarded based upon an invoice or an appraisal (no more than six months old).

## **HOW TO APPLY**

A contributor must complete a "Verification of Contribution to a Certified Missouri Incubator" and send to DED for review along with the proof of contribution. Acceptable proof of cash contribution includes a cancelled check, bank statement, or wire transfer. Once approved, DED will send a certificate of tax credit to the contributor.

To transfer the earned tax credits, the assignor shall enter into a written agreement with the assignee establishing the terms and conditions. The assignor must also complete Missouri Transfer Form MO-TF and send it to DED for the issuance of a new certificate to the assignee.

along with the proof of sale. Acceptable proof of sale includes a cancelled check, bank statement, or wire transfer.

### **CONTACT INFORMATION**

Missouri Department of Economic Development  
Division of Business and Community Services  
Finance Management  
301 West High Street, Room 770  
P.O. Box 118  
Jefferson City, MO 65102  
Phone: 573-751-4539 Fax: 573-522-4322  
E-mail: [dedfin@ded.mo.gov](mailto:dedfin@ded.mo.gov)



## APPLICATION FOR A CERTIFIED MISSOURI INCUBATOR DESIGNATION SMALL BUSINESS INCUBATOR TAX CREDIT PROGRAM, SECTION 620.495 RSMo

To become a certified Missouri Incubator, a local sponsor must complete this application and meet other requirements, and send to the department for review. For more information, please refer to the policy guidelines of the Small Business Incubator Program.

<b>1. LOCAL SPONSOR</b>	NAME			FEDERAL TAX ID NUMBER		
	ADDRESS (STREET, PO BOX)			MITS/MISSOURI TAX ID NUMBER		
	CITY	STATE	ZIP	NAICS CODE		
	TELEPHONE NUMBER (       )       -			FACSIMILE NUMBER (       )       -		
	Type of Local Sponsor <input type="checkbox"/> College <input type="checkbox"/> Community College <input type="checkbox"/> Vocational School <input type="checkbox"/> University <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/> Special Tax District <input type="checkbox"/> Regional Planning Commission <input type="checkbox"/> Not-for-Profit Corporation <input type="checkbox"/> Other					
<b>2. CONTACT PERSON</b>	FIRST NAME		MIDDLE NAME		LAST NAME	
	ADDRESS (STREET, PO BOX)					
	CITY		STATE		ZIP	
	TELEPHONE NUMBER (       )       -		FACSIMILE NUMBER (       )       -		EMAIL ADDRESS	
<b>3. INCUBATOR</b>	NAME					
	ADDRESS (STREET, PO BOX)					
	CITY		STATE		ZIP	
	CURRENT OWNER OF THE BUILDING			ZONING DESIGNATION OF INCUBATOR SITE		
	SIZE OF THE BUILDING (SQ. FEET)			SIZE OF RENTABLE UNIT (SQ. FEET)		
	NUMBER OF UNITS			TOTAL PROJECT COST  \$		

4. FOCUS	<b>Note:</b> Explain in the Project Narrative the rationale for the chosen focus of incubator companies.			
	<input type="checkbox"/> Product Manufacturing <input type="checkbox"/> Product Development <input type="checkbox"/> Research and Development <input type="checkbox"/> Business Development Services <input type="checkbox"/> Other			
5. TYPE	<b>Note:</b> Explain in the Project Narrative the rationale for the chosen type of incubator project			
	<input type="checkbox"/> Acquisition of Land <input type="checkbox"/> Leasing of Land <input type="checkbox"/> Acquisition of Existing Building <input type="checkbox"/> Leasing of Existing Building <input type="checkbox"/> Rehabilitation of Buildings or Other Facilities <input type="checkbox"/> Construction of New Facilities <input type="checkbox"/> Purchase of Necessary Equipment and Furnishings			
6. PROJECT COST ESTIMATES	<b>Note:</b> If the project involves acquisition and rehabilitation of a facility in which only a portion of the space will be used as the small business incubator, eligible costs will be calculated either on a square footage basis or a valuation basis, whichever is most appropriate.			
	6.1 Acquisition	<b>Note:</b> Explain in the Project Narrative how the building chosen is suited to the purposes of the incubator project.		
		TYPE	COST	ASSET LIFE (YEARS)
		Land	\$	
		Building	\$	
		TOTAL	\$	
	6.2 Leasing	TYPE	COST	ASSET LIFE (YEARS)
		Land	\$	
		Building	\$	
		TOTAL	\$	
	6.3 Rehabilitation of Buildings or Other Facilities	TYPE		COST
		Electrical		\$
		Fire Protection System		\$
		Heating/Ventilating/Air Conditioning		\$
		Insulation		\$
		Lathing/Plastering/Painting		\$
		Plumbing		\$
		Roof		\$
		Sewer/Septic System		\$
		Water		\$
Other (Explain in the Project Narrative)		\$		
TOTAL		\$		
6.4 Construction	TYPE	COST	ASSET LIFE (YEARS)	
	Building	\$		
	Other Facilities (Explain in Project Narrative)	\$		
	TOTAL	\$		

6. PROJECT COST ESTIMATES	6.5 Related Costs	<b>Note:</b> The costs below are NOT eligible costs. However, this is required to process the application.				
		<b>TYPE</b>		<b>COST</b>		
		Appraisal Fees		\$		
		Architectural Design/Inspections		\$		
		Contingencies (10% Maximum)		\$		
		Engineering Design		\$		
		General Insurance		\$		
		Legal Fees (not related to closing costs)		\$		
		Title Insurance		\$		
		Working Capital		\$		
		Other (Explain in the Project Narrative)		\$		
		<b>TOTAL</b>		\$		
	6.6 Equipment	<b>Note:</b> Attach additional sheets if necessary.				
		<b>ITEM</b>	<b>QUANTITY</b>	<b>UNIT PRICE</b>	<b>ITEM TOTAL</b>	<b>ASSET LIFE (YEARS)</b>
				\$		
				\$		
				\$		
				\$		
				\$		
		<b>TOTAL</b>				
	6.7 Furnishings	<b>Note:</b> Attach additional sheets if necessary.				
		<b>ITEM</b>	<b>QUANTITY</b>	<b>UNIT PRICE</b>	<b>ITEM TOTAL</b>	<b>ASSET LIFE (YEARS)</b>
				\$		
				\$		
				\$		
				\$		
				\$		
		<b>TOTAL</b>				
	6.8 Summary of Costs	<b>TYPE</b>		<b>COST</b>		
		Acquisition		\$		
		Lease		\$		
		Rehabilitation of Buildings or Other Facilities		\$		
		Construction of New Facilities		\$		
		Equipment		\$		
		Furnishings		\$		
		<b>TOTAL</b>		\$		
		Related Costs		\$		
		<b>GRAND TOTAL</b>		\$		

	<b>6,9 Basis For Costs</b>	<b>Note:</b> Attach copies.		
		Bids	\$	
		Engineering/Architectural Estimates	\$	
		Contractor Estimates	\$	
		Other (Explain in the Project Narrative)	\$	
<b>7. FINANCING</b>	<b>Note:</b> Explain in the Project Narrative the sources of the project financing. Additionally, complete the "Method of Financing Worksheet" for the commercial part of financing that excludes the use of tax credits, donations, and grants.			
	Small Business Incubator Contributions	\$		
	Federal	\$		
	Local	\$		
	Private	\$		
	Other	\$		
	<b>TOTAL</b>	\$		
<b>8. CERTIFICATION</b>	<ul style="list-style-type: none"> <li>I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.</li> <li>I certify that the applicant does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien.</li> <li>I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examines the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.</li> <li>I attest that I have read and understand the Small Business Incubator Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099).</li> <li>I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program.</li> <li>I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief</li> </ul>			
<b>9. SIGNATURE</b>	<b>Must be signed in the presence of a notary.</b>	CONTRIBUTOR'S SIGNATURE ▶		DATE / /
	NOTARY EMBOSSER SEAL	STATE	COUNTY	MY COMMISSION EXPIRES
		On this ____ day of ____, 200__, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.		
		NOTARY PUBLIC SIGNATURE	NOTARY RUBBER STAMP	
<p align="center"><b>RETURN TO:</b></p> <p align="center"><b>Department of Economic Development</b>  <b>Division of Business and Community Services</b>  <b>Finance Management</b>  <b>301 West High Street, Room 770</b>  <b>P.O. Box 118</b>  <b>Jefferson City, MO 65102</b></p>				

# **METHOD OF FINANCING WORKSHEET**

<b>USE OF FUNDS</b>		<b>SOURCE OF FUNDS</b>				
<b>USE</b>	<b>AMOUNT</b>	<b>LENDER/COLLATERAL</b>	<b>TERM</b>	<b>RATE</b>	<b>LOAN AMOUNT</b>	<b>ANNUAL DEBT SERVICE</b>
Acquisition of land & existing buildings	\$				\$	\$
Leasing of land & existing buildings	\$				\$	\$
Rehabilitation of buildings & other facilities	\$				\$	\$
Construction of new facilities	\$				\$	\$
Purchase of equipment & furnishings	\$				\$	\$
<b>TOTAL USE OF FUNDS</b>	\$	<b>TOTAL SOURCES OF FUNDS</b>			\$	\$



## **PROJECT NARRATIVE OF APPLICATION FOR A CERTIFIED MISSOURI INCUBATOR DESIGNATION**

Please answer all the questions below in full and provide the supporting documents or spreadsheets where necessary and applicable.

### **I. A POTENTIAL EXISTS FOR SUSTAINED USE OF THE INCUBATOR PROGRAM BY TENANTS AND PARTICIPANTS**

- ☐ Describe the current or potential need for the incubator program as revealed in the business plan.
- ☐ Describe how the incubator program will meet the needs identified in the business plan.
- ☐ Explain why existing facilities and services in your region are inadequate for start-up companies.
- ☐ Explain why companies will choose your incubator as opposed to other incubators in your region, in the state, or in the nation.

### **II. ABILITY TO DIRECTLY PROVIDE AND ARRANGE BUSINESS DEVELOPMENT SERVICES FOR TENANTS AND PARTICIPANTS**

- ☐ List the services, which will be provided to all incubator tenants as part of the local sponsor's basic package.
- ☐ List services which will be offered to tenants for a fee.
- ☐ Indicate which services will be offered by local sponsor and which will be offered by outside providers through contracts. Attach resumes of outside service providers that show their ability to perform the services offered.
- ☐ Explain how you are going to manage the physical development of the incubator program, including the provision of common conference or meeting space.
- ☐ Explain how you are going to provide or arrange the provision of financial consulting, and marketing and management assistance, and business education including assistance in accessing private financial markets.
- ☐ List equipment and furnishings you are going to provide to the tenants and participants.
- ☐ Provide policies and criteria for acceptance of tenants and participants into the incubator.
- ☐ Provide policies and criteria for graduation of tenants.
- ☐ Provide policies and criteria for termination of occupancy of tenants.



### **III.ABILITY TO MANAGE AND OPERATE THE INCUBATOR PROGRAM**

- ☐ Include a management organization chart with names of individuals filling the positions.
- ☐ Include resumes or biographical sketches of the incubator staff.
- ☐ Describe the methods to be used to recruit businesses into your incubator.
- ☐ Describe how you are going to market the program and secure eligible tenants and participants.
- ☐ Describe how you are going to encourage the sharing of ideas between tenants and participants.

### **IV.IV. ECONOMIC IMPACT**

- ☐ Explain how the facility complements and conforms to the economic development strategies of the local and regional development agencies.
- ☐ Estimate the total number of firms to be housed in the incubator annually.
- ☐ Estimate the average graduation period of tenants.
- ☐ Estimate the total number of jobs that will be created by these firms over the next three years.
- ☐ Submit the following information for firms that have expressed interest in securing incubator space:
  - Firm name, address, and telephone number;
  - Principal contact person;
  - Business description;
  - Type of product and technology being developed;
  - Number of current employees;
  - Number of jobs to be created over three years; and
  - Space requirements.

### **V. V. REQUIRED EXHIBITS**

#### **Exhibit A: DEED**

Submit a copy of the deed to the property or the lease agreement.

#### **Exhibit B: COMMITMENTS**

Submit letters of commitment or other documentation to support the figures contained in Section 7 of "Application for a Certified Missouri Incubator Designation." These letters or documents should specifically state the amounts committed interest rates and terms. In cases of donated equipment, the letters should state the value of the equipment "as is."

#### **Exhibit C: BUILDING CODE CERTIFICATION**

Include a letter from the local jurisdiction certifying that the building conforms to all applicable building and energy codes.

**DEADLINE: JANUARY 31,**  
**FOR YEAR ENDING DECEMBER 31, 20**

NAME OF INCUBATOR				FEDERAL TAX ID NUMBER	
ADDRESS (STREET, PO BOX)				MITS/MISSOURI TAX ID NUMBER	
CITY		STATE	ZIP	NAICS CODE	
CONTACT PERSON'S NAME					
TELEPHONE NUMBER (       )       -		FACSIMILE NUMBER (       )       -		EMAIL ADDRESS	
YEAR ESTABLISHED	YEAR CERTIFIED	BUILDING SIZE _____Sq. Feet	RENTABLE UNIT SIZE _____Sq. Feet	NUMBER OF UNITS	
<p>Focus:</p> <p> <input type="checkbox"/> Product Manufacturing                <input type="checkbox"/> Product Development                <input type="checkbox"/> Research and Development                <input type="checkbox"/> Business Development Services         </p> <p> <input type="checkbox"/> Other _____         </p>					
MISSION					
ALLIANCES, PARTNERSHIPS AND SPONSORS					
ORGANIZATIONAL STRUCTURE					
<p>Please provide additional information (if any) related to your incubator such as Recent Developments, Awards, Future Tenants, etc.:</p>					

The following information is required:

☐ Number of Jobs # (created/maintained)

☐ Total Payroll \$

<b>1. INCUBATOR</b>	TARGET MARKETS		
	SERVICES OFFERED		
	ENTRANCE CRITERIA		
	SUCCESS GRADUATION CRITERIA		
	FAILURE EXIT CRITERIA		
	CURRENT OCCUPIED CAPACITY (%)		
	<b>SOURCE OF FUNDING</b>	<b>NAME OF ALL PROGRAMS UTILIZED OR BEING UTILIZED</b>	<b>TOTAL AMOUNT</b>
	FEDERAL		
	MISSOURI		
	LOCAL		
PRIVATE			
OTHER			
	<b>TOTAL</b>		<b>\$</b>

2. TENANTS	<p>In a separate document, please provide information for each tenant, including whether a company came from another state or country, and explain why that company chose Missouri and your incubator:</p> <p> <input type="checkbox"/> Name  <input type="checkbox"/> Contact Information  <input type="checkbox"/> Occupancy Length (years)  <input type="checkbox"/> Occupancy Size (%)  <input type="checkbox"/> Expected Graduation Date  <input type="checkbox"/> Business Description  <input type="checkbox"/> Recent Developments  <input type="checkbox"/> Other         </p> <p>The following information is required (total for all tenants):</p> <p> <input type="checkbox"/> Number of Jobs # (created/maintained)           <input type="checkbox"/> Total Payroll \$         </p>
3. MISSOURI GRADUATES	<p>In a separate document, please provide information for each graduate that operates in Missouri:</p> <p> <input type="checkbox"/> Name  <input type="checkbox"/> Contact Information  <input type="checkbox"/> Occupancy Length (years)  <input type="checkbox"/> Date of Graduation  <input type="checkbox"/> Business Description  <input type="checkbox"/> Recent Developments  <input type="checkbox"/> Reasons Why the Company Decided to Stay in Missouri         </p> <p>The following information is required (total for all graduates):</p> <p> <input type="checkbox"/> Number of Jobs # (created/maintained)           <input type="checkbox"/> Total Payroll \$         </p>
4. OTHER GRADUATES	<p>In a separate document, please provide information for each graduate that left Missouri:</p> <p> <input type="checkbox"/> Name  <input type="checkbox"/> Contact Information  <input type="checkbox"/> Occupancy Length (years)  <input type="checkbox"/> Date of Graduation  <input type="checkbox"/> Business Description  <input type="checkbox"/> Recent Developments  <input type="checkbox"/> Reasons Why the Company Decided to Leave Missouri         </p>
5. FAILED TENANTS	<p>In a separate document, please provide the following information for each failed company:</p> <p> <input type="checkbox"/> Name  <input type="checkbox"/> Occupancy Length (years)  <input type="checkbox"/> Date and Reasons for Failure  <input type="checkbox"/> Business Description  <input type="checkbox"/> Recent Developments         </p>
<p align="center"><b>RETURN TO:</b></p> <p align="center"> <b>Department of Economic Development</b>  <b>Division of Business and Community Services</b>  <b>Finance Management</b>  <b>301 West High Street, Room 770</b>  <b>P.O. Box 118</b>  <b>Jefferson City, MO 65102</b> </p>	



**BUDGET OF REVENUES AND EXPENDITURES**  
**FOR A YEAR ENDING DECEMBER 31, \_\_\_\_\_**

**DEADLINE: JANUARY 31, \_\_\_\_\_**

**NAME OF INCUBATOR:**

YEAR	CURRENT YEAR OF _____	PREVIOUS YEAR 1 _____	PREVIOUS YEAR 2 _____
<b>OPERATING REVENUES</b>	<b>AMOUNT</b>	<b>AMOUNT</b>	<b>AMOUNT</b>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL OPERATING REVENUES</b>	\$	\$	\$
<b>OPERATING EXPENSES</b>	<b>AMOUNT</b>	<b>AMOUNT</b>	<b>AMOUNT</b>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL OPERATING EXPENSES</b>	\$	\$	\$
<b>OPERATING PROFIT (LOSS)</b>	\$	\$	\$

NON-OPERATING REVENUES	AMOUNT	AMOUNT	AMOUNT
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL NON-OPERATING REVENUES</b>	\$	\$	\$
NON-OPERATING EXPENDITURES	AMOUNT	AMOUNT	AMOUNT
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>TOTAL NON-OPERATING EXPENDITURES</b>	\$	\$	\$
<b>NON-OPERATING PROFIT (LOSS)</b>	\$	\$	\$
OTHER INCOME	AMOUNT	AMOUNT	AMOUNT
Federal	\$	\$	\$
State (excl. Incubator Program)	\$	\$	\$
Innovation Center Program	\$	\$	\$
Local	\$	\$	\$
Private	\$	\$	\$
Other	\$	\$	\$
<b>TOTAL OTHER INCOME</b>	\$	\$	\$





## VERIFICATION OF CONTRIBUTION TO A MISSOURI CERTIFIED INCUBATOR SMALL BUSINESS INCUBATOR TAX CREDIT PROGRAM, SECTION 620.495 RSMo

To receive a tax credit under the Small Business Incubator Program, the taxpayers who contribute to a certified Missouri incubator, must complete this form for each contribution and send to the department for review along with documentation satisfactory to the department.

<b>1. CONTRIBUTOR</b>	Tax Year Beginning                      /                      /		Tax Year Ending                      /                      /		
	NAME OF INDIVIDUAL ENTITY			FEDERAL TAX ID NUMBER	
	ADDRESS (STREET, PO BOX)			MITS/MISSOURI TAX ID NUMBER	
	CITY	STATE	ZIP	SOCIAL SECURITY NUMBER	
	TELEPHONE NUMBER (            )            -		FACSIMILE NUMBER (            )            -		EMAIL ADDRESS
	Business Entity for Tax Purposes: <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other				
	<b>Note:</b> If a taxpayer is a Corporation, Partnership, S-Corporation or Other, identify the names, social security numbers, and proportioned share of ownership of each beneficiary, partner, or shareholder on the last day of the tax period. Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary.				
Name		Social Security Number		% Ownership	
				%	
				%	
				%	
				%	
<b>2. CONTACT PERSON</b>	FIRST NAME		MIDDLE NAME		LAST NAME
	ADDRESS (STREET, PO BOX)				
	CITY		STATE	ZIP	
	TELEPHONE NUMBER (            )            -		FACSIMILE NUMBER (            )            -		EMAIL ADDRESS
<b>3. CONTRIBUTION</b>	Contribution was made in (check one): <input type="checkbox"/> CASH <input type="checkbox"/> NON-CASH				
	Amount \$ _____			Date /                      /	
	<b>Note:</b> For cash contributions, provide a cancelled check, bank statement, or wire transfer. For non-cash contributions, please refer to the policy guidelines of the Small Business Incubator Program, "Eligible Contributions."				



<b>4. CERTIFICATION</b>	<ul style="list-style-type: none"> <li>• I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.</li> <li>• I certify that the applicant does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien.</li> <li>• I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examines the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.</li> <li>• I attest that I have read and understand the Small Business Incubator Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099).</li> <li>• I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program.</li> <li>• I certify under penalties of perjury that the above statements, information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief</li> </ul>																											
<b>5. SIGNATURE</b>	<table border="1" style="width: 100%;"> <tr> <td data-bbox="142 533 406 619" rowspan="4" style="width: 25%;"><b>Must be signed in the presence of a notary.</b></td> <td colspan="2" data-bbox="406 533 1144 619">CONTRIBUTOR'S SIGNATURE ▶</td> <td colspan="2" data-bbox="1144 533 1542 619">DATE  / /</td> </tr> <tr> <td colspan="2" data-bbox="142 619 495 703">NOTARY EMBOSSEER SEAL</td> <td data-bbox="495 619 844 703">STATE</td> <td data-bbox="844 619 1193 703">COUNTY</td> </tr> <tr> <td colspan="4" data-bbox="495 703 1542 898">           On this ____ day of ____, 200__, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.         </td> </tr> <tr> <td colspan="2" data-bbox="495 898 1003 1077">NOTARY PUBLIC SIGNATURE</td> <td colspan="2" data-bbox="1003 898 1542 1077">NOTARY RUBBER STAMP</td> </tr> </table>				<b>Must be signed in the presence of a notary.</b>	CONTRIBUTOR'S SIGNATURE ▶		DATE  / /		NOTARY EMBOSSEER SEAL		STATE	COUNTY	On this ____ day of ____, 200__, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.				NOTARY PUBLIC SIGNATURE		NOTARY RUBBER STAMP								
<b>Must be signed in the presence of a notary.</b>	CONTRIBUTOR'S SIGNATURE ▶		DATE  / /																									
	NOTARY EMBOSSEER SEAL		STATE	COUNTY																								
	On this ____ day of ____, 200__, before me, _____, a Notary Public in and for said state, personally appeared _____, known to me to be the person who executed the Certification and acknowledged and states on his/her oath to me that he/she executed the same for the purposes therein stated.																											
	NOTARY PUBLIC SIGNATURE		NOTARY RUBBER STAMP																									
<b>6. INCUBATOR'S VERIFICATION</b>	<table border="1" style="width: 100%;"> <tr> <td colspan="4" data-bbox="142 1077 1542 1161">NAME OF INCUBATOR</td> </tr> <tr> <td colspan="4" data-bbox="142 1161 1542 1245">ADDRESS (STREET, PO BOX)</td> </tr> <tr> <td colspan="2" data-bbox="142 1245 836 1329">CITY</td> <td data-bbox="836 1245 1242 1329">STATE</td> <td data-bbox="1242 1245 1542 1329">ZIP</td> </tr> <tr> <td colspan="2" data-bbox="142 1329 836 1413">TELEPHONE NUMBER (       )       -</td> <td colspan="2" data-bbox="836 1329 1542 1413">FACSIMILE NUMBER (       )       -</td> </tr> <tr> <td colspan="4" data-bbox="142 1413 1542 1518">I have examined this application and all attachments and believe it to be an accurate description of the contribution received by our organization for the purposes of carrying out this application project.</td> </tr> <tr> <td colspan="3" data-bbox="142 1518 1096 1600">INCUBATOR'S SIGNATURE ▶</td> <td data-bbox="1096 1518 1542 1600">DATE  / /</td> </tr> </table>				NAME OF INCUBATOR				ADDRESS (STREET, PO BOX)				CITY		STATE	ZIP	TELEPHONE NUMBER (       )       -		FACSIMILE NUMBER (       )       -		I have examined this application and all attachments and believe it to be an accurate description of the contribution received by our organization for the purposes of carrying out this application project.				INCUBATOR'S SIGNATURE ▶			DATE  / /
NAME OF INCUBATOR																												
ADDRESS (STREET, PO BOX)																												
CITY		STATE	ZIP																									
TELEPHONE NUMBER (       )       -		FACSIMILE NUMBER (       )       -																										
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INCUBATOR'S SIGNATURE ▶			DATE  / /																									
<b>RETURN TO:</b>  <b>Department of Economic Development</b> <b>Division of Business and Community Services</b> <b>Finance Management</b> <b>301 West High Street, Room 770</b> <b>P.O. Box 118</b> <b>Jefferson City, MO 65102</b>																												

## MISSOURI TRANSFER FORM (MO-TF)

The Missouri Transfer Form (MO-TF) must be used when transferring any transferable Missouri Tax Credits administered by the Missouri Department of Economic Development. You must submit a separate MO-TF form for each tax credit transfer being requested. The sale or transfer of tax credits may have income tax consequences for the assignor and assignee. Consult your tax advisor.

### ASSIGNOR

Name of Assignor

Federal ID No. (FEIN)

MITs/Missouri ID No.

SSN

Contact Person

Title

Address

City

State

Zip Code

Telephone Number

Fax Number

E-mail

### TRANSFER

Tax Credit Program

Approved Tax Benefit Number:

(Office use only) - AHAP New Tax Benefit Number

Issued For the Calendar Year \_\_\_\_\_ or Tax Year Beginning \_\_\_\_\_, Ending \_\_\_\_\_.

Amount of Tax Credits Sold

Discount Rate

Sale Price

\$

%

\$

\$

%

\$

\$

%

\$

Total Amount of Credits to Be Transferred

\$

### CERTIFICATION

- I certify that I am an authorized representative of the Assignor and as such am authorized to make the statement of affirmation contained herein.
- I hereby agree to allow representatives of the Department of Economic Development access to the property and applicable records as may be necessary for the administration of this program.
- I certify under penalties of perjury that the above statements, information contained in this document and attachments are complete, true, and correct to the best of my knowledge and belief.

Assignor Signature

Title

Print Name

Date

Notary Public Embosser Seal

Appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
\_\_\_\_\_ to me personally known to be the person who executed  
the above certification, and acknowledged and states on his/her oath to me that he/she  
executed the same for the purpose therein stated.

State of

County (or City of St. Louis)

Notary Public Name

My Commission  
Expires

Use Rubber Stamp in Area Below

Notary Public Signature

<b>ASSIGNEE</b>							
Name of Assignee							
Federal ID No. (FEIN)			MITS/Missouri ID No.			SSN	
Contact Person				Title			
Address			City			State	Zip Code
Telephone Number		Fax Number		E-mail			
<b>Assignee Type (circle one)</b>							
C Corp	S Corp	LLC	Sole Proprietor	Partnership	Individual	Individual Filing a Joint Return	Other_____
<p>If the taxpayer is a Partnership, S-Corporation, or other entity with a flow through tax treatment, identify the names, social security numbers and proportionate share of ownership of each beneficiary, partner or shareholder on the last day of the tax period. Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary. If an Individual - Filing a Joint Return list the Primary and Secondary Names and Social Security Numbers below.</p>							
<b>Name(s)</b>				<b>Social Security Numbers</b>		<b>% Ownership Year End</b>	
						%	
						%	
						%	
						%	
						%	
						%	
<b>CERTIFICATION</b>							
<ul style="list-style-type: none"> <li>I certify that I am an authorized representative of the Assignee and as such am authorized to make the statement of affirmation contained herein.</li> <li>I certify under penalties of perjury that the above statements, information contained in this document and attachments are complete, true, and correct to the best of my knowledge and belief.</li> </ul>							
Assignee Signature					Title		
Print Name					Date		
Notary Public Embosser Seal		Appeared before me this _____ day of _____, 20____, _____ to me personally known to be the person who executed the above certification, and acknowledged and states on his/her oath to me that he/she executed the same for the purpose therein stated.					
		State of				County (or City of St. Louis)	
		Notary Public Name		My Commission Expires		Use Rubber Stamp in Area Below	
		Notary Public Signature					

Mail the MO-TF Form to the appropriate address referenced below with regards to the program for which tax credits were originally issued.

Missouri Department of Economic Development P.O. Box 118, Room 720 Jefferson City, MO 65102 573-751-0717		Missouri Department of Economic Development P.O. Box 118, Room 770 Jefferson City, MO 65102 573-522-6155	
	Business Facility Tax Credits		Brownfield Remediation Tax Credit
	Certified Capital Companies (CAPCO) Tax Credits		Community Bank/CDC Tax Credit
	Enhanced Enterprise Zone Tax Credits		Dry Fire Hydrant Tax Credit
	Development Tax Credits		Historic Preservation Tax Credit - issued after 8/28/1998
	Film Production Tax Credits		Neighborhood Preservation Act
	New Enterprise Creation Act / Prolog Ventures		Transportation Development Tax Credit
	Rebuilding Communities Tax Credit		
	Seed Capital Tax Credit		
	Small Business Investment Capital Tax Credits		
	Small Business Incubator Tax Credit		
Missouri Housing Development Commission Attn: Jane Anderson 3435 Broadway, Kansas City, MO 64111 816-759-6662		Missouri Development Finance Board P.O. Box 567 Jefferson City, MO 65102 573-751-8479	
	Affordable Housing Assistance (AHAP)		Bond Guaranty Tax Credit
			Infrastructure Development Funds Tax Credit

## Missouri Certified Incubators Contact Information List

### 1. Black Economic Union/Economic Growth Group (BEU)

Sponsor: Black Economic Union/Economic Growth Group  
Contact: Chester Thompson  
1601 E. 18<sup>th</sup>  
Kansas City, MO 64108  
Phone: (816) 474-1080  
Fax: (816) 474-5805  
E-mail: [chester@beukc.org](mailto:chester@beukc.org)  
Website: [www.beukc.org](http://www.beukc.org)

### 2. Center for Emerging Technologies (CET)

Focus: Bio and Medical Technologies  
Sponsor: Center for Emerging Technologies  
Contact: Barbara Enneking  
4041 Forest Park Avenue  
St. Louis, MO 63108-3213  
Phone: (314) 615-6900  
Fax: (314) 615-6901  
E-mail: [benneking@emergingtech.org](mailto:benneking@emergingtech.org)  
Website: [www.emergingtech.org](http://www.emergingtech.org)

### 3. Joseph Newman Business and Technology Innovation Center (JNB TIC)

Focus: Under Construction  
Sponsor: Joplin Area Chamber of Commerce Foundation  
Contact: Steve Russell  
320 E. 4<sup>th</sup>  
St. Joplin, MO 64801  
Phone: (417) 624-4150  
Fax: (417) 624-4303  
E-mail: [srussell@joplin.com](mailto:srussell@joplin.com)  
Website:

### 4. Life Sciences Business Incubation Center (LSBIC)

Focus: Under Construction  
Sponsor: Missouri Innovation Center  
Contact: Dr. Jake Halliday  
306 Cornell Hall  
Columbia, MO 65211  
Phone: (573) 884-0496  
Fax: (573) 884-3600  
E-mail: [hallidayja@missouri.edu](mailto:hallidayja@missouri.edu)  
Website: <http://www.ourincubator.com>

### 5. Missouri Innovation Center (MIC) - not active \*

Sponsor: Missouri Innovation Center  
Contact: Dr. Jake Halliday  
306 Cornell Hall  
Columbia, MO 65211  
Phone: (573) 884-0496  
Fax: (573) 884-3600  
E-mail: [hallidayja@missouri.edu](mailto:hallidayja@missouri.edu)  
Website: <http://www.missouriinnovation.com>  
\*Still active as an innovation center

### 6. Missouri IncuTech Foundation (MITF)

(DBA Missouri Enterprise Business Assistance Center)  
Focus: Mfg, IT, Life Sciences  
Sponsor: Missouri Enterprise  
Contact: Rick Prugh  
800 University Drive  
Rolla, MO 65401-2157  
Phone: (573) 341-0117  
Fax: (573) 341-0135  
E-mail: [rprugh@missourienterprise.org](mailto:rprugh@missourienterprise.org)  
Website: [www.missourienterprise.org](http://www.missourienterprise.org)

### 7. Nidus Center for Scientific Enterprise (NIDUS)

Focus: Plant and Life Sciences  
Sponsor: Monsanto Corporation  
Contact: Susan Pais  
893 North Warson Road  
St. Louis, MO 63141  
Phone: (314) 812-8001  
Fax: (314) 812-8080  
E-mail: [susan.e.pais@niduscenter.com](mailto:susan.e.pais@niduscenter.com)  
Website: [www.niduscenter.com](http://www.niduscenter.com)

### 8. Ozark Foothills Development Association (OZARK)

Focus: Mfg (manufacturing)  
Sponsor: Ozark Foothills Regional Planning Commission  
Contact: Greg Batson  
3019 Fair Street  
Poplar Bluff, MO 63901  
Phone: (573) 785-6402  
Fax: (573) 686-5467  
E-mail: [ofrpc@ofrpc.org](mailto:ofrpc@ofrpc.org)  
Website: [www.ofrpc.com/incubator.html](http://www.ofrpc.com/incubator.html)

### 9. Small Business Synergy Center (SBSC)

Focus: Mixed Use  
Sponsor: Small Business Synergy Center  
Contact: Greig Frahm  
5988 Mid Rivers Mall Drive  
St. Charles, MO 63304  
Phone: (636) 441-6880  
Fax: (636) 441-6881  
E-mail: [cfrac@edcstcharlescounty.com](mailto:cfrac@edcstcharlescounty.com)  
Website: [www.stcc-edc.com/index.php3](http://www.stcc-edc.com/index.php3)

### 10. Southeast Missouri Innovation Center (SMIC)

Focus: Mixed Use  
Sponsor: Missouri Research Corporation  
Contact: Kathy Mangels  
One University Plaza, MS 3300  
Cape Girardeau, MO 63701  
Phone: (573) 651-2286  
Fax: (573) 651-5061  
E-mail: [kmangels@semo.edu](mailto:kmangels@semo.edu)  
Website:

### 11. St. Louis Enterprise Center-Wellston (StLEC)

Focus: Mixed Use  
Sponsor: St. Louis County Economic Council  
Contact: Jan A. DeYoung  
6439 Plymouty Ave.  
Wellston, MO 63133  
Phone: (314) 615-7621  
Fax: (314) 615-7666  
E-mail: [jdeyoung@stlouisco.com](mailto:jdeyoung@stlouisco.com)  
Website: [www.slcec.com](http://www.slcec.com)

### 12. Technology Entrepreneur Center (TEC)

Focus: IT and Communication Technologies  
Sponsor: Technology Entrepreneur Center  
Contact: Francis Chmelir  
210 N. Tucker, Suite 600  
St. Louis, MO 63101  
Phone: (314) 436-3500  
Fax: (314) 333-0409  
E-mail: [fchmelir@tecstl.org](mailto:fchmelir@tecstl.org)  
Website: [www.tecstl.org](http://www.tecstl.org)

### 13. Thomas Hill Enterprise Center (THEC) - not active

Sponsor: Thomas Hill Enterprise Center  
Macon, MO

## Geographical Distribution of Missouri Certified Incubators

